POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(signature)*	3-2	2-4-00
.I.P.E. CLASSIFIER			2/15
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	*(signature)*	55233	4-14-00

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

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If more than 150 claims or 10 actions
staple additional sheet here

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